BUREAU OF HEALTH CARE SERVICES – DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS INFORMAL DISPUTE RESOLUTION (IDR) REQUEST – LEVEL 2

Please send this form (**typed/printed**) with documentation to one of the following locations:

Mailing Address:

Enforcement Unit/IDR Request Bureau of Health Care Services/LARA PO Box 30664 Lansing, MI 48909 Street Address:

Enforcement Unit/IDR Request Bureau of Health Care Services/LARA Ottawa Building, 1st Floor 611 W. Ottawa Lansing, MI 48933

This IDR is to be reviewed by:

Bureau of Health Care Services Staff OR	MPRO (Facility agrees to pay fee for service).	
Facility Name:	Survey Exit Date:	_
	Event ID Number:	
	Standard Survey OR Abbreviated Survey	
1. List all tags (citations) requested for IDR (include scope		_
		_
2. Attach to this form your factual evidence that you believe explain if the attached evidence was not available at the time.		
Facility Contact Person:	Date: Phone #:	

BHCS-108 (05/2013)

Authority: P.A. 368 of 1978 as amended

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